

Division of Public and Behavioral Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVS4961AGZ</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>06/27/2013</b>
NAME OF PROVIDER OR SUPPLIER  <b>7TH HEAVEN</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1205 PONCE DE LEON AVE LAS VEGAS, NV 89123</b>		
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Y 000	<p>Initial Comments</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>This Statement of Deficiencies was generated as a result of a State Licensure annual grading survey in conjunction with a complaint investigation conducted on your facility from 6/25/13 through 6/27/13. This State Licensure survey and complaint investigation was conducted by the authority of NRS 449.0307, Powers of the Health Division.</p> <p>The facility is licensed for seven Residential Facility for Group beds which provide care to persons with Alzheimer's disease, Category 2 residents. The census at the time of the survey was five. Five resident files were reviewed and three employee files were reviewed.</p> <p>The facility received a grade of D.</p> <p>Complaint #NV00036011: The complaint investigative process was initiated by the Nevada State Health Division on 6/25/13.</p> <p>Complaint #NV00036011 - The allegation regarding excessive heat was substantiated. See TAG Y 181. The allegation regarding insufficient access for wheelchairs was unsubstantiated through interview and observation. The allegation regarding a resident being left soiled for extended periods was substantiated. See Tag Y 755. The allegation regarding the facility being over census was unsubstantiated through observation and interview.</p>	Y 000		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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Y 000	Continued From page 1  Complaint #NV00036011 - The allegation regarding the insufficient access included:  - Interviews were conducted with residents.  - Observations were made of the size of the wheelchairs vs. the maneuvering space available.  Complaint #NV00036011 - The allegation regarding the facility being over census included:  - Interviews were conducted with caregivers who revealed the census was five. The facility is licensed for seven residents.  - Record review revealed only five residents were currently in the facility.  - Observations by inspectors revealed only five residents were in the facility.  The following deficiencies were identified:	Y 000		
Y 106 SS=D	449.200(2)(a) Personnel File - 1st aid & CPR  NAC 449.200 Staffing requirements; limitations on number of residents; written schedule required for each shift.  2. The personnel file for a caregiver of a residential facility must include, in addition to the information required pursuant to subsection 1, (a) A certificate stating that the caregiver is currently certified to perform first aid and cardiopulmonary resuscitation.	Y 106		

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Y 106	Continued From page 2  This Regulation is not met as evidenced by: Based on record review and interview on 6/25/13, the facility failed to ensure that 1 of 3 caregivers were trained in first aid and cardiopulmonary resuscitation (CPR) (Employee #2 CPR and first aid training completed online and Employee #3 first aid training completed online. No proof of hands-on training).  Severity: 2 Scope: 1	Y 106		
Y 181 SS=I	449.209(8) Health and Sanitation-Temperature  NAC 449.209 Health and sanitation.  8. The temperature of the facility must be maintained at a level that is not less than 68 degrees Fahrenheit and not more than 82 degrees Fahrenheit.  This Regulation is not met as evidenced by: Based on observation from 6/25/13 through 6/27/13, the facility failed to ensure the temperature in the facility was maintained at a level that was not less than 68 degrees Fahrenheit and not more than 82 degrees Fahrenheit for 5 of 5 residents.  Severity: 3 Scope: 3  Findings include:  On 6/25/13, the Nevada State Health Division was alerted to excessive temperatures in the facility. A complaint investigation was initiated resulting in an onsite visit. Upon arrival to the	Y 181		

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Y 181	Continued From page 3  facility, the facility thermostat read 82 degrees Fahrenheit. Interview with residents revealed the air-conditioning system was regularly shut off at night and not turned on until noon the following day. The residents also stated the air conditioning system was turned on an hour or two prior to the onsite visit. Employee #2 was advised of the regulation to maintain a temperature range of 68-82 degrees.  On 6/26/13, a return visit to the facility was conducted and observations revealed excessive temperatures. The facility thermostat read 84 degrees and an ambient temperature thermometer revealed a reading of 86.8 degrees. (all temperatures Fahrenheit) Investigators remained on site until the temperature dropped to 82 degrees. Employee #2 was advised to have the system checked for possible service needs and to ensure the temperature did not exceed parameters as dictated by regulation.	Y 181		
Y 620 SS=D	449.2702(4)(a) Admission Policy  NAC 449.2702 Written policy on admissions; eligibility for residency.  4. Except as otherwise provided in NAC 449.275 and 449.2754, a residential facility shall not admit or allow to remain in the facility any person who: (a) Is bedfast.  This Regulation is not met as evidenced by: Based on observation, interview and record review on 6/20/13, the facility failed to submit a	Y 620		

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Y 620	Continued From page 4  waiver for one bedfast resident (Resident #5).  Severity: 2    Scope: 1	Y 620		
Y 755 SS=D	449.2722(3)(a)-(f) Bowel & Bladder Incontinence  NAC 449.2722 Residents having unmanageable condition of bowel or bladder incontinence; residents having manageable condition of bowel or bladder.  3. The caregivers employed by a residential facility with a resident who has a manageable condition of bowel or bladder incontinence shall ensure that: (a) If the resident can benefit from scheduled toileting, he is assisted or reminded to go to the bathroom at regular intervals. (b) The resident is checked during those periods when he is known to be incontinent, including during the night; (c) The resident is kept clean and dry; (d) Retraining programs are designed by a medical professional with training and experience in the care of persons with bowel or bladder dysfunction; (e) The retraining programs established for a resident are followed; and (f) Privacy is afforded to the resident when care is being provided.	Y 755		

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Y 755	Continued From page 5  This Regulation is not met as evidenced by: Based on observation and interview on 6/25/13, the facility failed to provide assistance to the bathroom and keep 1 of 5 residents clean and dry. (Resident #5)  Severity: 2 Scope: 1	Y 755		
Y 920 SS=F	449.2748(1-2) Medication Storage  NAC 449.2748 Medication: Storage; duties upon discharge, transfer and return of resident.  1. Medication, including, without limitation, any over-the-counter medication, stored at a residential facility must be stored in a locked area that is cool and dry. The caregivers employed by the facility shall ensure that any medication or medical or diagnostic equipment that may be misused or appropriated by a resident or any other unauthorized person is protected. Medication for external use only must be kept in a locked area separate from other medications. A resident who is capable of administering medication to himself without supervision may keep his medication in his room if the medication is kept in a locked container for which the facility has been provided a key.  2. Medication stored in a refrigerator, including, without limitation, any over-the-counter medication must be kept in a locked box unless the refrigerator is locked or is located in a locked room.  This Regulation is not met as evidenced by: Based on observation on 6/25/13, the facility	Y 920		

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Y 920	Continued From page 6  failed to ensure medications were kept in a locked container (Medication cabinet unsecured with key in lock, earwax remover in bathroom, alka seltzer in bedroom #4 and eye drops in bedroom #3).  Severity: 2 Scope 3	Y 920		
Y 936 SS=D	449.2749(1)(e) Resident file-NRS 441A Tuberculosis  NAC 449.2749 Maintenance and contents of separate file for each resident; confidentiality of information.  1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation: (e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto.  This Regulation is not met as evidenced by: Based on record review and interview on 6/25/13, the facility failed to ensure 1 of 5 residents complied with NAC 441A.380 regarding tuberculosis testing (Resident #4 missing 2012 and 2013 annual TB test).  Severity: 2 Scope: 1	Y 936		

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Y 991	Continued From page 7	Y 991		
Y 991 SS=F	<p>449.2756(1)(b) Alzheimer's Fac door alarm</p> <p>NAC 449.2756 1. The administrator of a residential facility which provides care to persons with Alzheimer's disease shall ensure that:</p> <p>(b) Operational alarms, buzzers, horns or other audible devices which are activated when a door is opened are installed on all doors that may be used to exit the facility.</p> <p>This Regulation is not met as evidenced by: Based on observation on 6/25/13, the facility failed to ensure 1 of 3 of exit doors had installed alarms that operated when the exit door was opened (Back patio exit door left open).</p> <p>This is a repeat deficiency from the 12/5/11 annual State Licensure survey.</p> <p>Severity: 2 Scope: 3</p>	Y 991		
Y 994 SS=F	<p>449.2756(1)(e) Alzheimer's facility - Dangerous items</p> <p>NAC 449.2756 1. The administrator of a residential facility which provides care to persons with Alzheimer's disease shall ensure that:</p> <p>(e) Knives, matches, firearms, tools and other items that could constitute a danger to the residents of the facility are inaccessible to the residents.</p>	Y 994		

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Y 994	Continued From page 8  This Regulation is not met as evidenced by: Based on observation on 6/25/13, the facility failed to ensure dangerous items were not accessible to 5 of 5 residents (Unsecured pliers in bedroom #4, scissors on kitchen counter and lighters on back patio and in room #5).  This was a repeat deficiency from the 6/5/12 State Licensure survey.  Severity: 2 Scope: 3	Y 994		
Y 999 SS=F	449.2756(1)(g) Alzheimer's Facility- Toxic substances  NAC 449.2756 Residential facility which provides care to persons with Alzheimer's disease: Standards for safety; personnel required; training for employees.  1. The administrator of a residential facility which provides care to persons with Alzheimer's disease shall ensure that: (g) All toxic substances are not accessible to the residents of the facility.  This Regulation is not met as evidenced by: Based on observation on 6/25/13, the facility failed to ensure toxic substances were inaccessible to 5 of 5 residents (Unsecured spray paint on kitchen counter, muriatic acid in bedroom #5 and nail hardener in bedroom #3).  This was a repeat deficiency from the 6/5/12	Y 999		

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Y 999	Continued From page 9  annual State Licensure survey.  Severity: 2      Scope: 3	Y 999		

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